

FILED MAY 20 1944

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location) 4 days
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)
In this community 23 years

3. (a) PRINT FULL NAME Virgil Calvert

3. (b) If veteran, name war none 3. (c) Social Security No. 355-01-2638

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 26 years (Day) (Year)
7. Birth date of deceased Aug 26 1899 (Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 12 If less than one day, hr. min.

9. Birthplace Shark Point, Miss (City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business Coal Miner

12. Name Charles Calvert

13. Birthplace Shark Point, Miss (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bertha M. Calvert

(b) Address 1637 Market, Ave.

17. (a) Removal (b) Date thereof 5-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Shark Point, Miss

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 1637 Market, Ave.

19. (a) MAY 10 1944 (Date received local registrar)

(b) Signature of Registrar J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 222 Beaumont (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8, year 1944 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 4, 1944, to May 8, 1944
that I last saw him alive on May 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchitis Duration 1 wk.

Due to 107

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. Moore (M. D. or other)

Address 2601 Whittier Date signed 5/11/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3518

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.